

**III. Excision of Fibromyoma Lipomatodes Sarcomatodes From the Liver.** By PROF. NIKOLAI V. SKLIFOSOVSKY (Moscow, Russia). The author details the following singular case: A generally healthy, well-made and nourished Hebrew married woman, æt. 24 years, was admitted to his clinic on account of a rapidly growing abdominal tumor which had been first noticed by the patient 7 months previously (a week after her only parturition) when it had been not larger than a male fist. On examination, her abdomen was found considerably enlarged and bulging out forward, the middle of the right side being most prominent. Palpation revealed the presence of a dense, partially knobbed tumor of the size of an adult man's head which was but slightly displaced downwards on breathing, but could be easily shifted upwards (into the epigastrium) and moved from side to side. The patient complained of sensation of weight in the right hypochondrium, cardiac palpitation, and sleeplessness, constipation and engorgement of the hæmorrhoidal veins being also present. The diagnosis was rather doubtful. The author thought most probable that he had to deal with a tumor connected with the major omentum or mesentery, but not with the liver, since the percussion always elicited a tympanic tone between the liver and the new growth. An exploratory laparotomy being decided upon, the abdomen was opened with a median incision, 15 ctm. long, running between the navel and pubes. It proved necessary, however, to enlarge the wound up to the ensiform process, after which it became evident that the tumor was growing out from the quadrate lobe of the liver, just to the right from the round hepatic ligament. The new growth constituted a kind of prolongation of the said lobule, being connected with the latter by means of an isthmus measuring  $2\frac{1}{2}$  fingers' breadth in width and containing blood vessels of the size of a crow's quill. Having tied the isthmus with an elastic ligature and fixed the liver above to the abdominal wall by means of a stout needle, the author amputated the tumor and stitched the stump into the abdominal wound, after which he closed the latter with suturing and applied a compressing antiseptic dressing. For four days the patient was suffering from considerable prostration with eructations, nausea, vomiting and slight fever (the highest stand being  $38.4^{\circ}$  C.

on the second day). Since the fifth day, convalescence went on quite smoothly. In 12 days the wound healed *per primam*, except the site of the stump, where some suppuration occurred. About 2 months after the operation the woman was discharged in best health.—The microscopical examination (made by Prof. I. F. Klein) showed that the new growth had a very complex structure: it was a “fibromyoma lipomatodes sarcomatodes”—that is, it consisted of non-striated muscle fibres (principally derived, probably, from the round hepatic ligament), fatty cells, and sarcomatous elements (to which the rapid growth of the tumor might be attributed), with consecutive tissue stroma.—*Vratch*, No. 27, 1890, p. 594.

**IV. Case of “Ideal” Cholecystotomy.** By PROF. NIKOLAI V. SKLIFOSOVSKY (Moscow, Russia). A previously always healthy well-nourished married lady æt. 43 years had been suddenly seized with an excruciating pain at a point in 2 fingers’ breadth to the right from the navel. In about four days the pain had as suddenly ceased, but shortly afterwards (in August, 1889), the lady had noticed at the said spot a painless lump of the size of a pigeon’s egg which had begun to ever grow larger since December, 1889. On examination in March, 1890, there was detected an indolent, tense, oblong, conically-pointed movable tumor extending from a line in a finger’s breadth below the right costal arch downwards a point in 3 fingers’ breadth below, and 2 to the left from, the navel. The swelling tumor (diagnosed as a distended gall bladder) was exposed by a vertical incision along the outer edge of the right rectus abdominis. The cystic duct proved to be blocked up by a stone. All attempts at displacing the concretion having failed, the gall-bladder was opened by a vertical incision 4 centim. long, and, after removal of the contents (210 cub. 4. of thickly slimy fluid resembling a rice decoction), the stone dislodged and extracted. The bladder was then thoroughly washed out with 0.1% solution of corrosive sublimate, and the cystic wound closed with deep and superficial fine silk sutures, after which the organ was dropped into the abdominal cavity, and the abdominal wound similarly closed with stitches. The after course was “reproachless,” the wound sound-